MARYLAND STATE DEPARTMENT OF HEALTH

10264

10265

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH: COUNTY: Caroline; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson X; LENGTH OF STAY (In this place): 9 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: None X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henderson X; STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Patericia (Middle) (Last) Bartz

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 54 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/24/54

9. AGE last birthday: yrs. If under 1 year: Months; Days: 9. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ******

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Dover, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman Bartz

14. MOTHER'S MAIDEN NAME: Margaret Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Eleanor Melvin Henderson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 522X Pulmonary Oedema — Interval Between Onset and Death: few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hawton D. George Deputy Medical Examiner Denton Md 11/2/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 11/2/54 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Md.

DATE REC'D BY LOCAL REG.: Nov 2-1954 — REGISTRAR'S SIGNATURE: L. McLeggin — 24. FUNERAL DIRECTOR ADDRESS: J. E. Boulais Greensboro, Md.

9V0499V990

RECEIVED
NOV 5 19[illegible]
BUREAU V. S.

10265

MARYLAND STATE DEPARTMENT OF HEALTH

10266 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural X; LENGTH OF STAY (In this place) 8 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Friendship X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Federalsburg - Rural; STREET ADDRESS (If rural, give location) Near Friendship

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Julius (Last) Chlebowicz

4. DATE OF DEATH: (Month) November (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 12, 1913

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Caroline Poultry

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kazimerz Chlebowicz

14. MOTHER'S MAIDEN NAME: Kazimera Ciemnelouski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 167-01-9189

17. INFORMANT AND ADDRESS: Rita L. Chlebowicz, Federalsburg, Md.R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 1hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hansen L. George (Degree or title) Deputy Medical Examiner ADDRESS Denton, Maryland DATE SIGNED Nov.29, 1954

23. BURIAL, CREMATION REMOVAL, (Specify) Burial | DATE THEREOF Dec. 2, 1954 | NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery | LOCATION (City, town, or county) (State) Federalsburg, Maryland

DATE REC'D BY LOCAL REG. December 30, 1954 | REGISTRAR'S SIGNATURE Margaret N. Frampton | 24. FUNERAL DIRECTOR ADDRESS J.J.Frampton and S on, Federalsburg, Md.

RECEIVED
DEC 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10266

10267 CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Caroline — STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
LENGTH OF STAY (in this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) PAUL (Last) Gniecko

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb 26 1947

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Gniecko

14. MOTHER'S MAIDEN NAME: Mary Emily Alburger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: William Gniecko, Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

481X

Immediate cause (a) acute grippe — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c) Erythroblastosis Fetalis — 7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1947, to Nov 29, 1954, that I last saw the deceased alive on Nov 29, 1954, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Knotts MD — ADDRESS Denton Md — DATE SIGNED 12-2-54

23. BURIAL, CREMATION, REMOVAL - (Specify) Burial — DATE THEREOF Dec 2, 1954 — NAME OF CEMETERY OR CREMATORY Denton — LOCATION (City, town, or county) (State) Denton, Md

DATE REC'D BY LOCAL REGISTRAR 12/2/54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Virgil Moore Son — ADDRESS Denton Md

VS. A15

RECEIVED
DEC 6 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10267

10268 **CERTIFICATE OF DEATH** Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro X — LENGTH OF STAY (in this place) 60 Yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tribbitt Nursing Home 60	STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Herman (Middle) (Last) Hickman

4. DATE OF DEATH: (Month) 11 (Day) 17 (Year) 54 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	12/8/1876	77 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
General Laboror	None	Delaware	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob Hickman	Charolett Mitchel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
3 No		218-09-7924	Jacob Hickman Harrington, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526x

IMMEDIATE CAUSE (A) Hypostatic Pneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchiectasis

19A. DATE OF OPERATION: 0 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 2 A. M, from the causes and on the date stated above.

SIGNATURE Charles H. Pinaufer M. D. — ADDRESS Greensboro, Md. — DATE SIGNED 11/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/19/54	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 19-1954	L. MacPippin	J. E. Boulais	Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
NOV 23 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10268 62

10269 **CERTIFICATE OF DEATH** Reg. Dist. No. ~~290~~

1. PLACE OF DEATH: COUNTY CAROLINE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HILLSBORO X
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~TALBOT~~ CAROLINE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X HILLSBORO
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) R. (Last) KILMER
4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: JAN. 30, 1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): QUINCY ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GUSTAVE A. ROTHGEL
14. MOTHER'S MAIDEN NAME: ROSANNA NOTTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Miss GEORGETTE KILMER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

IMMEDIATE CAUSE (A) Cerebral hemorrhage — sudden

ANTECEDENT CAUSE (S) DUE TO (B) Generalized arteriosclerosis — 10 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes mellitus, obesity — 15 years

(260X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1943, to Nov. 27, 1954, that I last saw the deceased alive on Nov. 26, 1954, and that death occurred at 2:40 P M, from the causes and on the date stated above.

SIGNATURE Lewis Leders M.D. ADDRESS Oncle Anne DATE SIGNED 11/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 11-30-54
NAME OF CEMETERY OR CREMATORY SPRINGHILL CEMETERY
LOCATION (City, town, or county) (State) EASTON TALBOT MARYLAND

DATE REC'D BY LOCAL REGISTRAR 11-30-54
REGISTRAR'S SIGNATURE [signature] Mrs. D. O. George, mgr.
24. FUNERAL DIRECTOR MAURICE E. NEWNAM & SON ADDRESS EASTON MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
DEC 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10269

10270 CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Greensboro - Rural
LENGTH OF STAY (in this place) 16 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cherry Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
STREET ADDRESS (If rural give location) Near Tanyard

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Miley

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 4, 1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country). Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cheezum
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. August Quidas, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442
(a) Cerebral Hemorrhage c Hemiplegia — Interval Between Onset And Death 2 da

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiovascular Renal Disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1954, to Nov. 4, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 2 a.m., from the causes and on the date stated above.
SIGNATURE Charles H. Stoneman (Degree or title) for W.F. ADDRESS Greensboro Maryland DATE SIGNED Nov 4 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF November 6 1954
NAME OF CEMETERY OR CREMATORY Dirchester Cemetery
LOCATION (City, town, or county) (State) Near Preston, Maryland
DATE REC'D BY LOCAL REGISTRAR Nov. 6 - 1954
REGISTRAR'S SIGNATURE L. Mae Pippin
24. FUNERAL DIRECTOR J. J. Frampton & Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10271 10270

CERTIFICATE OF DEATH

Reg. Dist. No. 62

Item 9, FilmG174 12-7-54 et

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NEALEY (Middle) CORNELIUS (Last) MORRIS

4. DATE OF DEATH: (Month) NOV (Day) 25, (Year) 1954

5. SEX: m
6. COLOR OR RACE: w
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: Feb. 2, 1867
9. AGE last birthday: 86 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elisha Morris
14. MOTHER'S MAIDEN NAME: Annie Kemp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Albert Morris, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia acute — Interval Between Onset And Death: 6 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertrophic Prostate — 3 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Nov. 25, 1954, that I last saw the deceased alive on Nov. 25, 1954, and that death occurred at 6:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Dawson George M.D. ADDRESS Denton Md. DATE SIGNED 11/27/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 28, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/27/54
REGISTRAR'S SIGNATURE Mrs D O George
24. FUNERAL DIRECTOR J. Virgil Moore, Denton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

S. A. Overman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10271

10272

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HENRY (Last) MURPHY
4. DATE OF DEATH: (Month) NOV (Day) 14 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: MAR 29, 1870
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Day Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cannery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Murphy
14. MOTHER'S MAIDEN NAME: Martha Andrews

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Florence Murphy, Denton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Insufficiency - arterio sclerotic - — Interval Between Onset And Death: one year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) general arterio sclerosis - — 4 years,

DUE TO

(c) Nephrosis — 2 mo.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1943, to Nov. 14, 1954, that I last saw the deceased alive on Nov 14, 1954, and that death occurred at 7:30 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) Paul Knotts MD ADDRESS Denton Md DATE SIGNED 11-18-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 18, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.
DATE REC'D BY LOCAL REGISTRAR 11/18/54
REGISTRAR'S SIGNATURE Mrs D. O'George
24. FUNERAL DIRECTOR J. V. Moore, ADDRESS Denton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10272

10273 **CERTIFICATE OF DEATH** Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton X
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Denton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARTHA (Middle) REYNOLDS (Last) PARKER
4. DATE OF DEATH: (Month) nov (Day) 23 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Mar. 31, 1889
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Cochran
14. MOTHER'S MAIDEN NAME: Minnie Reynolds

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If not (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Wilmer Parker, Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia Malnutrition & Anemia — Interval Between Onset And Death: 2 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anorexia Nervosa — 2 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spastic Colitis — 6 yrs.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Nov. 23, 1954, that I last saw the deceased alive on Nov. 22, 1954, and that death occurred at 7 A.M. —, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H. Winnewitt M.D.
ADDRESS Ridgely, Md.
DATE SIGNED Dec. 2, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov 26, 1954
NAME OF CEMETERY OR CREMATORY Denton
LOCATION (City, town, or county) (State) Denton, Md.

DATE REC'D BY LOCAL REGISTRAR 12/2/54
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR J. Virgil Moore Son
ADDRESS Denton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10273

10274

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely; LENGTH OF STAY (in this place) 69 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Gertrude's Convent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Ridgely; STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) Sister M. (Middle) Bantista (Last) Stehle

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 5419

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: 6/25/1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired.) Professed Religious

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ludwig Stehle

14. MOTHER'S MAIDEN NAME: Fredericka ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mother Hildegard Ridgely, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) General arteriosclerosis — 12 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 19[illegible], to Nov 3, 19[illegible], that I last saw the deceased alive on Oct. 21, 1954, and that death occurred at 7:12 AM, from the causes and on the date stated above.

SIGNATURE E. Paul Knotts M. D. ADDRESS Denton Md DATE SIGNED 11-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/5/54

NAME OF CEMETERY OR CREMATORY Saint Gertrudes

LOCATION (City, town, or county) (State) Near Ridgely, Md.

DATE REC'D BY LOCAL REGISTRAR 11-4-54

REGISTRAR'S SIGNATURE Mary E. Laird

24. FUNERAL DIRECTOR J.E. Boulais ADDRESS Greensboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

10275

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10274

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greensboro
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A (Last) Story
4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1954

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 26. 1900
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Wesley Story
14. MOTHER'S MAIDEN NAME Amelia Wessel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-12-8018
17. INFORMANT AND ADDRESS Mary K. Story. Ridgely Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffication — INTERVAL BETWEEN ONSET AND DEATH four minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tractor turned over on Chain

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm
(CITY OR TOWN) Rural Ridgely (COUNTY) Caroline (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 16 (Year) 54 (Hour) 5:30 P.M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Tractor over turned Pinned him under it

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Hanson & George (Degree or title) Deputy Medical Examiner ADDRESS Denton Md DATE SIGNED 11/18/54

23. BURIAL, CREMATION REMOVAL (Specify) Ridgely
DATE THEREOF Nov. 20. 1954
NAME OF CEMETERY OR CREMATORY Ridgely
LOCATION (City, town, or county) Ridgely Md. (State)

DATE REC'D BY LOCAL REG. Nov. 20, 1954
REGISTRAR'S SIGNATURE L. Mae Lippen
24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 22 1954
BUREAU V. S.

10276

10275

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH — COUNTY: Caroline — Nov 5 1957 — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro
LENGTH OF STAY (in this place): 10 yrs 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Annie		Wise	November 5 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	[illegible] 1866	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	At Home	Del	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Wise	Hannah Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	James Wise Denton Md Rt 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute myocarditis — 10a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 10, 1953, to Nov. 5, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 2:30 a m m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas H Hacker Jr M D		Greensboro Md	Nov 5, 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 7 54	Lakeside	Bowers	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 5-1954	L. Mae Lippin	Raymond B. Rawlings	Greensboro Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 8 1954
BUREAU V. S.